

Member/Org Number



P.O. BOX 6048
DEARBORN, MICHIGAN 48121
PH 888.336.2700
dfcufinancial.com

Member/Org Name

Online Commercial Payments Maintenance

Change Information

<input type="checkbox"/> Increase ACH Limits – Please complete the ACH Payment Activity section. NOTE: This request requires approval and a signed ACH Amendment. The approval process could take up to five (5) business days.
<input type="checkbox"/> Decrease ACH Limits – Please complete the ACH Payment Activity section. NOTE: A decrease in ACH Payments limits requires a signed ACH Amendment.
<input type="checkbox"/> Increase Online Wire Transfer Limits – Please complete the Online Wire Transfer Activity section.
<input type="checkbox"/> Decrease Online Wire Transfer Limits – Please complete the Online Wire Transfer Activity section.
<input type="checkbox"/> Terminate ACH Services NOTE: Termination of the ACH Origination Agreement for the ACH Member Number listed above shall not affect any of DFCU Financial's rights and Company's obligations with respect to Entries initiated by Company prior to such termination, or the payment obligations of Company with respect to services performed by DFCU Financial prior to termination, or any other obligations that survive termination of the ACH Origination Agreement.
<input type="checkbox"/> Terminate Online Wire Transfer Services
<input type="checkbox"/> Change Billing Account: Former Billing Account: _____ New Billing Account: _____

ACH Payment Activity (fill in all that apply)

Activity	ACH Payments (also includes: Payment from File & ACH Batch)				ACH Pass Thru	Tax Payments (EFTPS)
	ACH Payroll	ACH Single Payments	Collections	ACH Single Receipts		
#/Acct/Day						
#/Day						
#/Month						
Amt/Trans						
Amt/Acct/Day						
Amt/Day						
Amt/Month						
Frequency						
SEC Code						

*ACH Pass Thru allows all SEC Codes except IAT. IAT cannot be processed through DFCU Financial.

Online Wire Transfer Activity

NOTE: Please complete the section below if you are increasing or decreasing your monetary limits for online wire transfer services.

Activity	Online Wire Transfer
#/Acct/Day	
#/Day	
#/Month	
Amt/Trans	
Amt/Acct/Day	
Amt/Day	
Amt/Month	

Authorization

I, the undersigned, do hereby acknowledge that I am authorized under the resolution to act on behalf of this Company or Organization. In addition, I acknowledge receipt of and agree to the terms and conditions set forth in the Business DFCU Online Access Authorization form.

I certify the above and that the statements are true and accurate as of the date indicated below and that such statements are submitted for the purpose of obtaining online ACH origination services and/or wire transfer services. I authorize DFCU Financial to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I further authorize DFCU Financial to obtain business and personal credit bureau reports in the name of the Company and owner(s) at any time.

DFCU Online Administrator Signature

DFCU Online Administrator Printed Name

Date

FOR CREDIT UNION USE ONLY

DATE _____

BRANCH _____

EMPLOYEE _____